

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10-829451</div>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	9		5								
Total Depend	28		4								
Total Claims	37		9								